

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME  
MR.

LAST  
MAXIMINIO

SUFFIX  
D

MUNOZ

OFFICE USE ONLY

Date Received

05 APR - 8 AM 11:09

CITY CLERK DEPT.

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1413 WYOMING AV. EL PASO, TX 79902

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

533-6666

Receipt #

Amount

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME  
MR.

LAST  
EDUARDO

SUFFIX  
PARRA

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5608 SAPINAS RD. EL PASO TX 79932

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

584-7624

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

11 ELECTION

ELECTION DATE

Month Day Year

05 / 07 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Municipal Court Judge

13 OFFICE SOUGHT (if known)

Municipal Court Judge

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

MR. MAXIMINIO D. MUÑOZ

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 335<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5422<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5757<sup>00</sup>CONTRIBUTION  
BALANCE

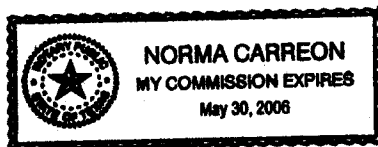
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6757<sup>00</sup>OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Max Daniel Munoz this the 8 day of April, 20 08, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

EDUARDO PARRA.

3 ACCOUNT # (Ethics Commission files)

4 Date

3/06/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

PEGGY JANOSK.

6 Contributor address; City; State; Zip Code

617 LARANIE RIVER  
EL PASO, TX 799327 Amount of  
contribution (\$)20<sup>00</sup>8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

YOLAND CAAUARRIA

Contributor address; City; State; Zip Code

648 BLUFF CANYON  
EL PASO TX 79912Amount of  
contribution (\$)10<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

ESTELA N. MUÑOZ

Contributor address; City; State; Zip Code

6024 CABRILLO  
EL PASO TX 79912Amount of  
contribution (\$)10<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

CLINTON F. CROSS

Contributor address; City; State; Zip Code

500 THUNDERBIRD NO79  
EL PASO, TX 79912Amount of  
contribution (\$)25<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID HILLES

Contributor address; City; State; Zip Code

9350 DYER ST.  
EL PASO TX 79924Amount of  
contribution (\$)20<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

EDUARDO PAREJA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/07/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

RODOLFO HERNANDEZ

6 Contributor address; City; State; Zip Code

7512 TAXCO  
EL PASO, TX 799157 Amount of  
contribution (\$)50<sup>00</sup>8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/07/05

Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL DUARTE

Contributor address; City; State; Zip Code

4615 BONOS CT.  
EL PASO, TX 79903Amount of  
contribution (\$)50<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

HUGO BUSTILLO

Contributor address; City; State; Zip Code

5737 SAPINAS  
EL PASO, TX 79932Amount of  
contribution (\$)50<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

GABRIEL ARAGON

Contributor address; City; State; Zip Code

213 VOLANDA  
EL PASO, TX 79915Amount of  
contribution (\$)50<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/06/05

Full name of contributor

☐ out-of-state PAC (ID#)

GLEN SUTHERLAND

Contributor address; City; State; Zip Code

8811 ALAMEDA AV.  
EL PASO, TX 79907Amount of  
contribution (\$)50<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: \_\_\_\_\_

2 FILER NAME

*EDUARDO PARRA*

3 ACCOUNT # (Ethics Commission file) \_\_\_\_\_

4 Date

*4/01/05*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)*JIM DARNELL*

6 Contributor address; City; State; Zip Code

*310 N MEZA SUITE 212  
EL PASO, TX 79901*7 Amount of  
contribution (\$)*100<sup>00</sup>*8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)*DANNY MENA*

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)*200<sup>00</sup>*In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)*ENRIQUE RAMIREZ*

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)*300<sup>00</sup>*In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)*LUPE LOPEZ*

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)*100<sup>00</sup>*In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)*WILLIAM ELIAS*

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)*100<sup>00</sup>*In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*EDUARDO PARRA*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4/01/05*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*PATRICIA BORRERO*

6 Contributor address; City; State; Zip Code

*3034 PORT BLVD  
EL PASO TX 79930*

7 Amount of contribution (\$)

*100<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*JOHN OR LILIA MUNOZ*

Contributor address; City; State; Zip Code

*6012 PINO REAL  
EL PASO, TX 79912*

Amount of contribution (\$)

*100<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*ENRIQUE MOLENDO*

Contributor address; City; State; Zip Code

*701 MAGOFFIN  
EL PASO TX 79901*

Amount of contribution (\$)

*150<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*STANTON E ANTCLIFF JR*

Contributor address; City; State; Zip Code

*521 TEXAS AVE  
EL PASO TX 79901*

Amount of contribution (\$)

*100<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/01/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*STUART LEEDS*

Contributor address; City; State; Zip Code

*5468 RIDGE  
EL PASO TX 79932*

Amount of contribution (\$)

*100<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

EDUARDO PARRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/105

5 Full name of contributor

☐ out-of-state PAC (ID#)

R. &amp; L. AUTO COLLISON

6 Contributor address; City; State; Zip Code

EL 10015 CARMELITE AVE  
EL PASO TX 799257 Amount of  
contribution (\$)222<sup>00</sup>8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/105

Full name of contributor

☐ out-of-state PAC (ID#)

FERNANDO CAACON

Contributor address; City; State; Zip Code

109 N. OREGON STE 1119  
EL PASO, TX 79901Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/105

Full name of contributor

☐ out-of-state PAC (ID#)

MANUEL BARRAZA

Contributor address; City; State; Zip Code

201 RIVERSIDE  
EL PASO, TX 79915Amount of  
contribution (\$)200<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/105

Full name of contributor

☐ out-of-state PAC (ID#)

RICARDO GONZALEZ

Contributor address; City; State; Zip Code

2735 FEDERAL AVE  
EL PASO, TX 79930Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/105

Full name of contributor

☐ out-of-state PAC (ID#)

HUMBERTO ENRIQUEZ

Contributor address; City; State; Zip Code

705 COEUR D'ALENE  
EL PASO, TX 79922Amount of  
contribution (\$)150<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*EDUARDO PARRA*

3 ACCOUNT # (Ethics Commission files)

4 Date

*4/10/05*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*RUDY PEREZ*

6 Contributor address; City; State; Zip Code

*1981 PASO COLINA  
EL PASO TX 79936*

7 Amount of  
contribution (\$)

*500<sup>00</sup>*

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*ROBERT CUSHIN JR.*

Contributor address; City; State; Zip Code

*2525 RICHMOND AVE.  
EL PASO TX 79930*

Amount of  
contribution (\$)

*200<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*R & R Auto Collision*

Contributor address; City; State; Zip Code

*10015 CARNEGIE  
EL PASO TX 79925*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*THERESA CADALLERO*

Contributor address; City; State; Zip Code

*2726 RICHMOND AVE  
EL PASO, TX 79930*

Amount of  
contribution (\$)

*150<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*MOISES FLORES*

Contributor address; City; State; Zip Code

*P.O. BOX 6012  
EL PASO TX 79906*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

EDUARDO PARRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

MOISES FLORES

6 Contributor address; City; State; Zip Code

P.O. BOX 6012

EL PASO TX 79906

7 Amount of  
contribution (\$)100<sup>00</sup>8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/05

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICK M. GARCIA

Contributor address; City; State; Zip Code

1122 MONTANA

EL PASO TX 79902

Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/05

Full name of contributor

☐ out-of-state PAC (ID#)

GARY WEISER

Contributor address; City; State; Zip Code

531 TEXAS

EL PASO TX 79901

Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/05

Full name of contributor

☐ out-of-state PAC (ID#)

MARY STILLINGER

Contributor address; City; State; Zip Code

4911 ALAMEDA

EL PASO TX 79905

Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/05

Full name of contributor

☐ out-of-state PAC (ID#)

BRAMBETT &amp; ASSOCIATES

Contributor address; City; State; Zip Code

1013 E. SAN ANTONIO

EL PASO TX 79901

Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

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1 Total pages Schedule A:

2 FILER NAME

*EDUARDO PARRA*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4/10/05*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*GARY ABOUD*

6 Contributor address; City; State; Zip Code

*400 E. OVERLAND  
EL PASO TX 79901*

7 Amount of  
contribution (\$)

*100<sup>00</sup>*

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*DANIEL SALVADOR*

Contributor address; City; State; Zip Code

*1216 MONTANA  
EL PASO TX 79902*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*JESUS HELLERA*

Contributor address; City; State; Zip Code

*6021 PALO ALTO  
EL PASO TX 79912*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*JORGE HELLERA*

Contributor address; City; State; Zip Code

*1002 MAGOFFIN  
EL PASO TX 79901*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/05*

Full name of contributor

☐ out-of-state PAC (ID#)

*JAIME GANDARA*

Contributor address; City; State; Zip Code

*550 E. PAISANO  
EL PASO, TX 79901*

Amount of  
contribution (\$)

*100<sup>00</sup>*

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

EDUARDO PARRA

3 ACCOUNT # (Ethics Commission file)

4 Date

4/01/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOSEPH ABRAHAM

6 Contributor address; City; State; Zip Code

P.O. BOX 512312

7 Amount of  
contribution (\$)500<sup>00</sup>8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/01/05

Full name of contributor

☐ out-of-state PAC (ID#)

WALKER BOYAKI

Contributor address; City; State; Zip Code

4621 PERKINS

EL PASO, TX 79903

Amount of  
contribution (\$)200<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/01/05

Full name of contributor

☐ out-of-state PAC (ID#)

SALAS &amp; SALAS

Contributor address; City; State; Zip Code

1500 MONTANA

EL PASO, TX 79902

Amount of  
contribution (\$)250<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/01/05

Full name of contributor

☐ out-of-state PAC (ID#)

FEDERICO SOPORO

Contributor address; City; State; Zip Code

1418 MONTANA

EL PASO, TX 79902

Amount of  
contribution (\$)200<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/01/05

Full name of contributor

☐ out-of-state PAC (ID#)

CARLOS CARREASCO

Contributor address; City; State; Zip Code

1200 MONTANA

EL PASO, TX 79902

Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID# \_\_\_\_\_)**7** Amount of  
contribution (\$)**8** In-kind contribution  
description (if applicable)**6** Contributor address; City; State; Zip Code**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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